THE MEDICAL MISSIONARY

JERUSALEM

JERICHO

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ACROSS THE PAGES . . .

SEPTEMBER 30th OF THIS YEAR MARKS THE TWENTIETH ANNIVERSARY OF THE FOUNDATION OF THE SOCIETY. "Through Twenty Years" presents a brief resumé touching the highlights of our journey since the day when the four pioneer members first began community life in the little house in Brookland, D. C.

IN INDIA, ESPECIALLY, NURSES MUST BE TEACHERS OF PUBLIC HEALTH "EX OFFICIO." But what can 7,000 nurses do in a country of 400 million! Sister M. Elise Wijnen, M.D. writes of some of the measures the Government and other groups are taking to solve this acute health problem of India.

WHEN SISTER ALMA JULIA WENT WALKING the day before Holi—the Hindu color-throwing festival—she found herself in a predicament. She was all in white. And there were the youngsters with tins and pots of colored water and paints. Sister tells the story with "The Children—God Bless Them!"

YOUR WILL . . . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its general purposes."

THE MEDICAL MISSIONARY
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Editor
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The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of Studies in Brookland, Washington, D.C., and Houses of Postulate in England and Holland.

The main activities of the Society include the conducting of hospitals, dispensaries, maternity and child welfare centers, training schools for native nurses and midwives, and similar health works.

Medical Mission Centers conducted by the Society in India and the United States are:

Holy Family Hospital, Rawalpindi, India
Holy Family Hospital, Patna, India
Mitford Muncipal Hospital, Dacca, Bengal, India
The Santa Fe Catholic Maternity Inst., Santa Fe, N.M.
The Catholic Colored Clinic, Atlanta, Georgia.

It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:
Sister Superior
MEDICAL MISSION HOUSE
8400 Pine Road, Fox Chase
Philadelphia 11, Pa.

On the Threshold of Vast Opportunities and Responsibilities

The first twenty years of our Society have flown past swiftly and eventfully through sunshine and clouds and brought us and all those engaged in medical mission work to the threshold of unprecedented opportunities and responsibilities. The medical mission fields are the medically undeveloped regions—therefore Asia and Africa par excellence. It is in these countries that our Society is committed to labor, if not exclusively at least predominantly.

The East revitalized . . .

What is it that lightens up the horizon with these opportunities and responsibilities? It is that the East is being revitalized from within and without. Like all countries that are old enough, it has had its periods of rise and fall, and just now it is going through an evolutionary process of rise. The prolonged impact from the West had and still has much to do with it. Imperialism and industrialism brought peoples and nations in contact. By creating means of communication and opening up hitherto closed countries the spread and influence of Christianity were favored with the concomitants of education, social works and the raising of the status of women. The latter, although it has by no means penetrated the masses, is nevertheless already of such weight in India, for instance, that the Commissioner of Education can say that a revolution has taken place with regard to the position of women which seems to be of greater ultimate significance for the country than any other element in the political movement of the time.

Ignorance—hunger—ill health . . .

Contact with the West also has brought about comparisons and thereby brought to light ulcers gnawing at the vitals of the Oriental nations. Ignorance, hunger and ill health—all have eaten deeply into them.

Four-fifths of the Orientals are peasants and practically all of them are illiterate. This means that they are kept aloof and are severely handicapped in the struggle of life which is harder for them now than when all the world was more or less rural.

The Oriental standard of living even in pre-war days was seven times lower than that of the United States. In simple language this means that a day's supply of food and other necessities of life for an average American has to do an average Chinaman or Indian for a week.

The third factor, ill health in its many manifestations, has emerged from the realm of fatalism since it has been demonstrated in the West that it can to great extent be prevented or relieved.

These are the facts . . .

Surveys have been made and plans formulated. It is known now for instance, that in China the death rate is four times that of Western countries. One hundred fifty million people are afflicted with trachoma, explaining why one-third of the world's blind are in China. Eight percent are affected with tuberculosis and the majority of the estimated million lepers are neither segregated nor treated. For the sixteen million sick on any one day (not counting war casualties or effects) there are only 12,000 doctors and 38,000 hospital beds. To even approximate Western standards, not taking into account the much higher incidence of disease, there should be 300,000 doctors and two million hospital beds.

India, more densely populated than China, with 247 persons per square mile, compared with 44 in the United States, has approximately four hundred million inhabitants, only from a half to one hundred million less than China.

The average expectancy of life is 27 years. Half the children die under the age of ten. Malaria, as is well known now, is widespread and claims one million deaths a year.

India is still the world's reservoir of cholera and plague and the frequency of smallpox, dysentery, and tuberculosis speak for the standards of public health. Maternal mortality is notoriously high, to a great extent due to the seclusion of women and the dangerously ignorant attendants, the hereditary dais.

While India has about three times as many doctors, nurses and hospital beds as China, it is all pitifully inadequate. Surgeon General Hance in a recent

speech gave data on the present provision and the estimated needs of medical personnel for India. He gave the present number of doctors as 42,000 and the need as 200,000. Nurses are 7,000, needed 778,000; number of trained midwives 5,000, needed 90,000; pharmacists at present 75, needed 100,000; dentists now 1,000, needed 120,000.

A will and a way . . .

This is only a very cursory view of what is and what could be if there were a will and a way.

There is a will on the part of a number of open-minded Orientals themselves—among those who have enough calories and bright red blood in their arteries to have the strength and ambition to break with prejudice and superstition.

There is a will on the part of governments, impelled by the tendency toward socialization and spurred to action from within and without.

There is surely a will too on the part of those who profess Christianity in deed and in truth. How can they fail to see the millions of sick and needy strangers by the roadside—and pass them by?

The task is big and complicated and one of long range. It seems that a broad outlook—perhaps even a new outlook—selfless cooperation and a pooling of forces where this does not conflict, would be the way.

History shows that biological, social and political reconstruction can thrive only on the basis of moral reconstruction. Christianity brings supernatural means to bear on the weakness of human nature, preserves the natural rights of man, protects the weak and helpless and provides the moral influence that imbues the medical and nursing professions with high ideals and principles.

The task of the governments is to consider and further the interests of their subjects, lead and foster and watch all around and to a large extent supply the means. Private charity, we have to face it, is not sufficient to cope with the gigantic problems of our day.

Lastly the people themselves must be eager and anxious for improvement and make sacrifices. Above all they must recruit increasingly the needed workers from their own ranks. As a matter of fact, the greatest asset of the Orient consists in the numerical strength of its manpower.

In the post-war era, with the stage set for vast changes and improvements, combined effort has a great chance of success, not in the sense of bringing about a millenium at once, but nevertheless of achieving appreciable progress soon.

It is evident that medical missionaries have a part to play, opportunities to seize and responsibilities to shoulder. How big the role, how numerous the actors, will depend largely on how keenly we Christians feel the brotherhood of man and the Fatherhood of God.

—Anna Dengel, S.C.M.M., M.D.

Teaching Healthy Living

by

Sister M. Elise Wijnen, S.C.M.M., M.D.

No one can do medical work in India for any length of time without realizing that an ounce of prevention is worth a pound of cure. Evidence piles up so rapidly that it is quite overwhelming at times. Make the rounds of any Indian hospital and quite probably you will find that over fifty percent of the cases could have been prevented. Typhoid, cholera, tuberculosis, malaria, dysentery, kala azar, malnutrition, none of them would be there if even the simplest rules of healthy living had been followed. All of them are examples of individual or collective failure to observe public health measures. Such is the rule rather than the exception in India.

Nurses—Public Health Teachers

While a separate department for sanitation and public health is no doubt a necessity, it is impossible to maintain too rigid a division between curative and preventive medicine. Nurses are teachers of healthy living "ex officio," and instruction in that field goes on all day long.

There is Shanti, who brings to the hospital a baby all covered with sores. She must be taught to use soap and water, to comb the child's matted hair and keep her clean—a first step towards making it strong and healthy.

Sita Ram, who has tuberculosis, has the deplorable habit of coughing all over the place. With infinite patience the nurse must explain to her time and time again that she must be careful to cover her mouth when she coughs and that she must use the sputum cup, so that other people will not contract her germs.

Susheila, who has just had an operation, has no appreciation of diet. Like as not she will be perfectly happy to try to get well on pomegranate, milk and biscuit—

anything she likes. She must be told to eat properly of rice, pulse, vegetables and butter if she wants to get well. There is no use trying to persuade her to eat meat, fish and eggs—religious custom forbids them—but she must be taught to eat and eat well of those nourishing foods she is allowed to have.

Dearth of Nurses

But these are only a few examples among the many cases the doctor and nurse meet daily in the hospital and dispensary. It may seem futile at times, but it is just by persistent and individual efforts that at last a healthy public opinion in these matters is built up. If only there were enough of such teaching! The dearth of nurses in India came to light when the Government tried to get enough of them to care for the ill and wounded soldiers. Despite large salaries, ideal working conditions and high pressure propaganda, there were not enough nurses to go around, even though this country was only at the fringe of the war. Whatever would have happened had India been invaded simply staggers the imagination. Seven thousand registered nurses in a country of four hundred million inhabitants! The great majority of the people live and die without ever seeing one!

Government Awakens

Well, the Government is awake at last, and large amounts of money are being set aside to increase the number of nurses. Treble the number in five years, a million in thirty years, that is the goal. Several courses are being pursued to bring this about. Every hospital working to get a nursing school started, enlarged or improved is to receive substantial help and encouragement. Unfortunately, red tape and local indifference are a great handicap in state and city institutions. It takes personal interest and effort to make changes. Someone has to do the planning and supervising or it never gets done, especially in India where everyone is inclined "never to do today what can possibly be put off until tomorrow."

But private hospitals, which in India are practically synonymous with mission hospitals, are more easily set in motion. The newly established Catholic Hospital Association of India is doing all in its power to induce the fifty-three Catholic hospitals to start nursing schools. So far there are only three registered schools among them, including the two Holy Family Hospitals of Rawalpindi and Patna. Many more could be started with just a little help and encouragement. Often only a single handicap holds them back—a language difficulty, or a building for nurses, or lack of a capable surgeon, etc. Once the sisters conducting the hospitals realize that state registration is necessary for growth and survival they are sure to spend their energies freely in that direction.

Standards Raised

Another means of increasing the number of nurses is to raise their standards of education and remuneration. Nursing in India is still in poor repute. Low salaries, bad living conditions, overwork, many moral dangers, all are keeping the Indian girls away from nursing. Add to this the universal custom of both Hindus and Mohammedans of marrying every girl before she is eighteen, and it is obvious that there will be few candidates for nursing schools. Teaching school or going to college may be compatible with marriage. Nurses' training certainly is not. Thus the profession in India is composed largely of Anglo-Indians, Christians, Goanese, and a few Hindu widows. Few indeed have enough education for the higher branches of nursing, such as teaching, supervising, registration, etc.

To remedy this fundamental defect, several courses of post-graduate training have been started. Delhi was the first, with a years course for sister-tutors, as the instructors are called, and another course in public health nursing. Eventually every nursing school will be expected to have such a graduate instructor, if the school is to be recognized by the Government. These nurses will receive high salaries and excellent positions. Madras has followed suit with a plan for a collegiate course in nursing at the provincial university. This will attract girls of good families, who want a higher education and a real career. Similar projects are being contemplated in other large cities.

Catholics Must Keep Step

It behooves the Catholics to keep step with this development. Our religious must obtain certificates as sister-tutors and work up their hospitals to the level required for registration. We are particularly fortunate in being able to obtain student nurses without much trouble. Catholic young women, especially the native sisters, are interested in and well suited for this work. If it were not for the low standards of education that still prevail, our own Holy Family Hospitals in Rawalpindi and Patna would have more applications than they could take care of. In the South of India, where Catholics and Catholic hospitals are more numerous, this difficulty is less marked, as the standards are better there. Actually, there is nothing to hold us back. All we need is energy and determination. The rest, instructors, money, buildings, etc., are bound to follow.

Only when men shall roll up the sky like a hide, will there be an end to misery, unless God has first been known.

—The Svetasvatara Upanishad

The Mission Clipper

DDT AND MALARIA CONTROL

The most outstanding advance in insect control during this war has been the discovery of the remarkable insecticidal properties of DDT, an abbreviation for the chemical compound, dichloro-diphenyl-trichloroethane. This substance, first used by the Army as a louse powder in typhus control, is also highly valuable as a mosquito larvicide and as an insecticide to kill adult mosquitoes.

DDT must not be regarded as a miraculous agent which will suddenly do away with the malaria problem, as some extravagant press reports have suggested. It does, however, offer promise of revolutionary methods of control which ought eventually to improve the malaria situation even in hyperendemic and poverty-stricken regions.

Full knowledge of the applications of DDT in malaria control is not yet attained. DDT is more toxic to mosquito larvae than any substance heretofore known. Consequently, it can be used in small amounts, with resultant saving of time and effort in larviciding operations. The application for malaria control which is most promising, however, is its use in spraying the habitations of native carriers. When DDT in kerosene solution is sprayed on interior surfaces, a residue is left which will kill insects lighting on the treated areas for several months. Since the destruction of infected adult mosquitoes constitutes the most effective break in the chain of transmission of malaria, this usage, with its long lasting effect, offers great promise for control of the disease in many tropical regions where it has been a principal cause of poor health and poverty. The world-wide postwar picture of malaria will be greatly changed by the advent of DDT.

—The Diplomate

CHINESE AND WESTERN RESEARCH INSTITUTE TO PROMOTE UNDERSTANDING

In an effort to help create a thorough understanding between Oriental and Occidental peoples, the Chinese and Western Research Institute has been established recently by the Benedictine Fathers of the Priory of St. Peter and St. Andrew of Szechwan, China. The Institute aims at making Western civilization better known in China and Chinese civilization better known in the West. Its program which embraces philosophy and religion, history and ethnology, literature and languages, art and music, will be carried out gradually, according to needs and possibilities. The Institute will begin its program at the commencement of the academic year 1945-46 with the opening of a school of languages and a school of art and music. Staff members have already started work in harmony with the plan of the Institute. Several studies are also ready for publication and others will be published in a bilingual (English-Chinese) journal which the Benedictine Fathers intend to put out as soon as circumstances permit.

An initial capital of $25,000 in United States money is necessary to enable the Institute to carry out the most urgent parts of its program. Since for some time to come no funds can be expected either from China or from Europe, the Benedictine Fathers appeal to the United States for help. American business concerns will be given priority in the material reconstruction of China. But China will also need help to fulfill her spiritual, moral and intellectual aspirations. Surely American Catholics will not fail to aid the Institute in its worthy cause.

Since a good English library is a prime requisite, the Fathers also appeal for reference books in English. Donations in money or books will be gratefully received. They may be sent to the Very Rev. Alcuin Deutch, O.S.B., St. John's Abbey, Collegeville, Minn.

During this month we recommend to your prayers the Mission Intention—"Works of Charity and Schools for Mohammedans."

PUBLIC HEALTH EXPERIMENT —SINGUR, INDIA

One of the important projects of the All-India Institute of Hygiene and Public Health is the establishment of the Singur Health Unit. This unit was started in January, 1944 in an effort to apply the results of pure research to the requirements of large units of population, both urban and rural. It aims at an all round improvement in regard to public health in this area by concentrating its attention on: general sanitation and malaria control; control of communicable disease, including tuberculosis and venereal diseases; maternity and child welfare; school health; and collection of vital statistics. Th area also has a training center where self-participation work by the students can be carried out under the direction of the teachers in a manner similar to that of hospital clerkships. The most essential principle in the experiment is the development of self-help agencies from the Village Health Committees up to the Union Health Committees. In this connection 115 volunteers have been trained in addition to 50 teachers taken from 32 schools.—teachers taken from 32 schools.

—Indian Information

Through Twenty Years
1925-1945

The first house on Newton Street

With the twentieth anniversary of the foundation of our Society on September 30th of this year, we pass another milestone in our history. Looking back through the years, we see that each one has brought its own richness and blessings. We invite you to join us in a brief resumé touching the highlights of our journey through twenty years.

1925 The Society was begun under the auspices of the Holy Cross Fathers in a small rented house on Newton Street in Brookland, Washington, D. C. There were four members. On the occasion of the reception of the religious habit the Rt. Rev. Msgr. Thomas of Washington gave the sermon, perhaps the shortest on record—"The four of you stick."

1926 On September 23rd the pioneer members took the mission oath. The Most Rev. Thomas Shahan, D.D., Rector of the Catholic University of America, presided at the ceremony, assisted by priests of Holy Cross. In the picture below are: Bishop Shahan and from left to right: Rev. Peter J. Miner, C.S.C., Rev. Francis X. Goodall, C.S.C., Rev. Michael A. Mathis, C.S.C., Rev. Francis McBride, C.S.C. In the front row from left to right are: Mother Anna Dengel, M.D., Foundress, Dr. Joanna Lyons, Sister Agnes Marie, R.N. and Sister M. Laetitia, R.N.

September

23, 1926

Moslem women at Holy Family Hospital, Rawalpindi

1928 Holy Family Hospital opened its doors as a purdah hospital, that is, one which cares exclusively for women and children. The picture shows veiled Mohammedan women leaving the hospital. Religious law and custom forbids these women to be seen by men except those of their own households. Since its beginning eighteen years ago the hospital has outgrown itself many times over. Last year more than 2,000 women and children were cared for as in-patients of the hospital. Over 34,000 were treated in the dispensary.

1930 Maternity and child welfare work was started in Dacca, Bengal, India. This work included visiting the homes and the training of native midwives. Four health centers were operated by the Medical Missionaries in the Dacca district. The scene shows a sister leaving a native home.

Two years later the Society was invited to take charge of the nursing and training school of the Mitford Hospital, a 300 bed government institution in Dacca. This now constitutes the principal work of the sisters in this area. The group picture is of a class of student nurses of Dacca.

Home visiting—nurses training—Dacca

1931 The Society journeyed across the sea to England where a postulate for European candidates was opened. A small country cottage at Winchcombe was the first house. The postulate has since been transferred to Osterley, near London. With deepest gratitude we can say that the Medical Missionaries in England have passed safely through the hardships and struggles of the past five years.

It was in 1931 also that a band of missionaries, on their way to India, had the privilege of an audience with His Holiness, Pope Pius XI. The Holy Father's words were most encouraging—"Your Society responds to my thought and desire."

1936 The Sacred Congregation of Propaganda Fide issued a momentous decree, not only permitting but encouraging religious communities of women to take up the study of medicine for the service of the sick, especially women and children, of mission lands.

The English postulate—St. Helen's, Winchcombe

Medicine, in its full scope, including surgery and obstetrics, might now be practiced by missionary sisters who had taken public vows. That they might be free to help women in mission countries in all their medical needs the members of the Society had up to this time made the sacrifice of public vows, taking only private vows of poverty, chastity and obedience in addition to the mission oath. For the Society the new decree from Rome meant the confirmation of its very purpose and ideals.

The picture shows two Medical Missionaries, Sister M. Alma Lalinsky, M.D. and Sister M. Elise Wijnen, M.D. in the operating room of Holy Family Hospital, Rawalpindi. Sister Alma is the first Medical Missionary to complete the full medical course in the Society. She is also believed to be the first religious to receive a medical degree as a sister.

Sisters are surgeons

1938 The first native sisters to be trained in nursing and midwifery at Holy Family Hospital in Rawalpindi graduated—with honors. They were members of the Associates of Mary, Queen of the Apostles, a community founded by the Holy Cross Sisters in Bengal. These sisters are now doing splendid work in their own villages. They have several centers and go out night and day on calls. Just now they are building a small maternity home at Toomiliah which will be opened soon.

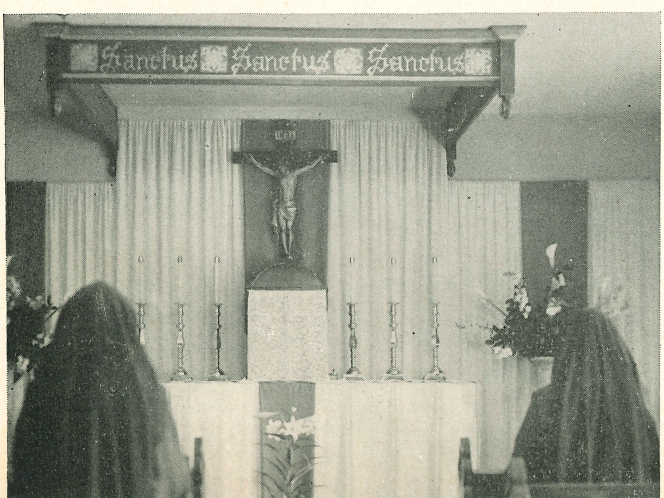
The first Indian Sisters graduate—Rawalpindi

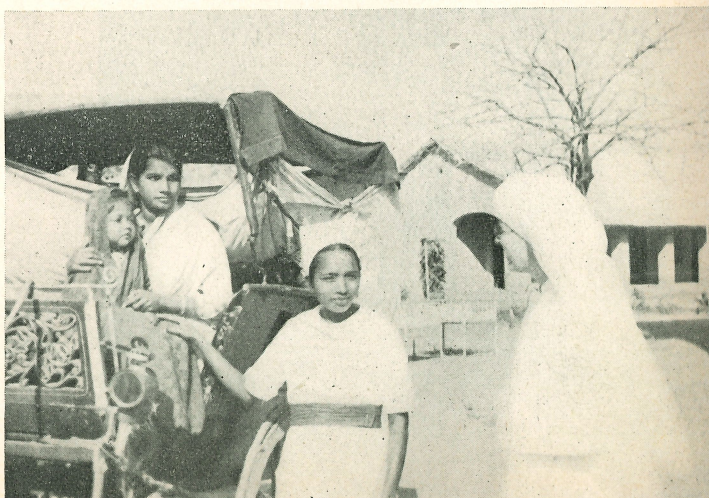
1939 Christmas Eve of this year marked the arrival of the Medical Missionaries in Patna, India. Another Holy Family Hospital was started there on the compound of the old historic Patna Cathedral. All kinds of additions have been built to make a 150 bed hospital. Last year the hospital was approved by the Government as a Grade A training school for nurses. In the picture we see Sister M. Laeitita and one of the Indian nurses welcoming a mother and child.

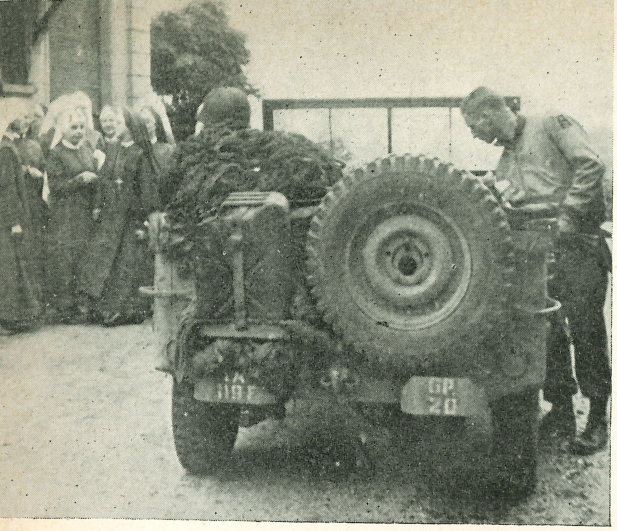
During the same year—1939—the Motherhouse of the Society was transferred from Washington, D. C. to Philadelphia. The photo gives a glimpse of the altar in the Motherhouse chapel.

Welcoming a patient to Holy Family Hospital in Patna

The Motherhouse Chapel—Philadelphia







The Americans arrive—Holland, 1944

The home mission front—a class for mothers, Santa Fe

Mary Giri—1944

1940 In the spring of this year a postulate in Heerlen, Holland which had been opened the previous September was cut off from communication with the Motherhouse. As the postulants could not come to America permission was given for the establishment of a novitiate. Despite the hardships of war the Society in Holland has grown steadily each year. There are now nineteen professed sisters, fourteen novices and eight postulants. This photo was taken on September 17, 1944, when our sisters welcomed the Americans!

1943 A new work was undertaken by the Society —home missions. On June 21st His Eminence, Cardinal Dougherty of Philadelphia wrote to Mother Dengel authorizing the Society in accordance with the official declaration of the Sacred Congregation of Propaganda Fide to work "not merely in places under the jurisdiction of the Sacred Congregation but also elsewhere . . . not merely now but also in the future." In November, Sister M. Helen and Sister M. Theophane left for Santa Fe to begin work at the Catholic Clinic there. One year later saw the opening of the Santa Fe Catholic Maternity Institute, which is the first Catholic school of nurse-midwifery in the country. In October, 1944, the Medical Missionaries further expanded their program of home mission work in Atlanta, Georgia where they conduct a clinic for the colored.

1944 Another tabernacle in the Society—in Mary Giri, Kottayam, South India. On September 8th the first four Indian Medical Mission Sisters received the religious habit and began their novitiate under the direction of two members of the Society. The new community owes its foundation to the missionary zeal and courage of an Indian priest, the Rev. Father Sebastian Pinakatt. The picture shows the Rev. Father Pinakatt, Sister M. Pauline, S.C.M.M. and novices and postulants of the new community.

1945 Having reached the twentieth milestone, the Medical Missionaries pause a moment to count the riches and blessings of the past. They rejoice especially at the encouragement Rome has continually given to the young community. In a letter dated May of this year His Eminence, Cardinal Fumasoni-Biondi, Prefect of the Sacred Congregation of Propaganda Fide, wrote to Mother Dengel that the Sacred Congregation is "glad to note that the activities of the Medical Mission Sisters in the mission field are widely appreciated and ever more in demand. His Eminence concluded: "May Almighty God bestow His choicest blessings on your generous efforts by increasing your numbers in accordance with the needs of a work of such merit and importance to our missions."

The Children -- God Bless Them!

by

Sister M. Alma Julia, S.C.M.M.

"You can't get a tonga, Sister Sahiba. The tonga-wallas have all gone to the parade." Our gate-keeper spread his hands as if to say, "And I'm sorry, but what can I do about it?" The tonga-drivers, by the way, are all Mussulmans here.

I wanted to go to the railway station to pick up a box of drugs, but I could not do it without a tonga. Even if I were to go on a bicycle I would need a tonga to carry the goods home. I walked out the gate and looked up and down the street. Perhaps if I walked the block towards town where the traffic turned towards the native bazaar I might find a tonga-walla who would rather make a few annas than see the parade. I decided to take a chance and started up the road.

That was yesterday, a Mussulman holy day commemorating the death of Mohammed. And today is Holi, a Hindu feast.

Holi is a gala day, especially for the children. They bring out all kinds of tins and pots and squirters of colored water or paints and delight in splashing one another and the passersby until they and their victims look like Easter eggs with red, blue, green, yellow, all colors spattered over their clothes and the landscape.

But like the children in the States who anticipate the Fourth of July with firecrackers, as I started to walk the block to look for a tonga yesterday, groups of youngsters were already at their game of splashing and squirting the passersby with colored weapons.

What should I do? Turn back? Could I run the gamut unscathed?

My predicament reminded me of what I had been taught to do whenever a dog came barking at me—just keep on at the same steady pace. I found this always worked and the dog calmed down. Well, the worst that could happen to me now was a ruined white habit, so I went ahead.

The first group consisted of about a dozen children from four to ten years of age. They looked at me; they looked at one another; they glanced up and down at my "beautiful" white uniform. What a chance! Would any American youngster have passed it up? I think if the boldest had made the first throw the rest might have followed suit. I kept right on and walked straight through the group.

"Salaam," I said, beaming down at them in a nice grandmotherly way.

"Salaam, Sister-Sahiba," one voice after another gave the greeting. And one after another they grinned. But not one of them threw a drop of paint in my direction.

Another group of about eight children were playing a few houses ahead. There was the same performance, the same result. Safely I reached the end of the block.

A small contingent of Mussulmans singing loudly marched towards me and turned down the bazaar road. In the distance I saw another much larger group accompanied by soldiers in parade formation also coming my way. Then and there I decided I had better turn back to the hospital before I was caught in a Mohammedan parade. Women do not go to these affairs but stay indoors. My box would have to be collected on another day.

Again I had to pass the two groups of children on my way back to the hospital. Would my luck still hold? But the youngsters, apparently having made up their minds that I was to be immune, stuck to it. They just salaamed me on my way with happy grins.

Why? That was the question I tried to answer for myself the rest of the day. Of course all the children were from the neighborhood and as such had most likely been in the dispensary dozens of times for eye drops and fever medicine. The mere fact that they said, "Salaam, Sister-Sahiba," instead of "Salaam, Mem-Sahiba," meant that they knew the correct way of addressing sisters. They were not our Christian children of the parish whom I know by sight or name. These were Hindu children, and if I had a better memory for faces or names I might have remembered them. But so many children are brought to the dispensary every day—or come themselves—and they all look so much alike, each one prettier than the next, that I cannot remember them individually. And children grow so quickly. After all, Holy Family Hospital has been functioning here for seventeen years. Many of these children may have been born in the hospital.

Seventeen years. Even in a city of this size, about two hundred thousand population, a purdah hos-

It's fun to get weighed in the dispensary with Sister Alma Julia at the scales!

pital cannot carry on all that time without having some influence or making some mark. Except for newcomers from distant parts I honestly believe that everyone in Rawalpindi knows, respects and at one time or other patronizes Holy Family Hospital, at least as a visitor.

To return to the children. There is a politeness found in Indian children, instilled in them at an early age, which is surprising to those from the West. Almost the first thing any baby is taught is to "Salaam" everyone he meets, at least every adult. It is amusing and amazing to walk down the street, even in a distant quarter where the children do not know you and see all the youngsters from toddlers up stopping as you pass, lifting their right hands to their foreheads with a pleasant, "Salaam, Mem-Sahiba."

This politeness seems to extend especially to strangers, and in spite of our seventeen years here as a hospital we are still "strangers." Hospitality is a word that has a richer meaning than we of the West can imagine. That is why, in visiting the villages (my experience is only with Mussulman villages) you are offered water and a bed for the night, almost as if that were your right, rather than your host's generosity.

I have heard and read amusing things that bring out the reality of Eastern hospitality. One of the worst things that can be said to describe an unusually mean character is, "He is so mean that he would be lacking in hospitality even to a stranger."

That is how they feel about hospitality in India. What Western influence will do I cannot say. It would be ideal if the good things of the East could be combined with those of the West. But that is another subject.

So today is Holi and the children are splashing and squirting their colors and having a good time. People who are particular about their clothes will stay indoors. Others will put on old clothes and not mind being messed up. This is a bank holiday and few people will come to the dispensary.

These children who are our friends today will be our supporters tomorrow. Only rarely does one make converts among grown-ups. What the missionaries do in the first generation is lay the cornerstone of toleration. The Mussulmans and Hindus here not only tolerate us, but many encourage us and help support the hospital financially. They see the good of the work, the better care given their women and children, the health education, the training of nurses and midwives. They see that we are not trying to foist our religion on our patients and that we do not interfere with their customs and practices.

But to the children we have been here all their lives. We Christians are taken for granted. Most of the girls who are being educated are attending convent schools. They are still Mussulmans and Hindus, but they boast to us that they have received their education from the sisters. Gradually, very gradually (the war helping) Indian girls are beginning to take up nursing. The next generation will take for granted much that their parents had to struggle for.

So the children—God bless them—cheered me up considerably yesterday when I took that perilous walk down the block and back. It gave me the feeling that we had "arrived."

News From Home and Abroad

AT HOME

Comings and Goings

The summer has been marked by many comings and goings. Sister M. Barbara's was the first departure when Sister left for St. Joseph's Hospital, Baltimore, Md., when she began her residency in obstetrics in the later part of June. Early July made a real dent in our ranks at the Motherhouse when eight of the sisters left for Westown, Pa., to take charge of the Fresh Air Camp for Children conducted under the auspices of the St. Vincent de Paul Society of Philadelphia.

But soon our numbers began to swell again when the sisters from the southland began to travel northwards for retreat and vacation at the Motherhouse. First of all came Sister M. Regina from Atlanta, Ga., with the good news that the clinic there is growing marvelously well. All the services have more than doubled in attendance and it is now equipped for surgery. There is also a small ward of seven beds for surgical patients.

She was followed by the sisters, students and nurses from Washington, D. C., and lastly by Sister M. Clare, also from Atlanta. By the time retreat began we found the family had grown so much that we were blessed once more with the familiar old problem of finding enough room! But we did find space somehow or other—and by extending the chapel into the parlor and library, and maneuvering about in the refectory we managed to get on quite well during the eight-day retreat.

Profession and Reception

Retreat this year was conducted by the Rev. F. W. Schoberg, S.J. of Philadelphia, Pa. It was climaxed by the ceremony of reception and profession held in the chapel of the Motherhouse on August 15th. On that day final vows were pronounced by two of our sisters, Sister M. Barbara Taggart, M.D., of Wilmington, Del., and Sister M. Madeline Sophie DuVally, of Providence, R. I. Sister M. Patrick Shean of New York City made first temporary profession and four other sisters renewed their temporary vows.

During the ceremony of reception three postulants were given the grey habit of the Society and began their two years novitiate. They are: Miss Marfisa Consorte of Philadelphia, in religion, Sister M. Joanna; Miss Mary Louise Lynch of Baltimore, Md., Sister M. Richard, and Miss Marie Carey of Philadelphia, Sister M. Aloyse.

The Rt. Rev. Msgr. Thomas F. McNally, of Jenkintown, Pa., presided at the ceremony and celebrated the High Mass. He was assisted by the Rev. Charles J. Mahoney, C.S.C., chaplain at the Motherhouse. The Rev. Maurice Shean of the Congregation of the Oratory, brother of Sister M. Patrick, and Rev. John A. Hack of the same Congregation were also present.

The sermon was given by the retreat master, Father Schoberg. In developing his theme he drew a parallel between the presentations of Our Lady as a small child in the temple, as a young girl in Nazareth, and as the Mother of Christ on Calvary and the offerings made by those taking part in the ceremony. In conclusion he also spoke of the sacrifice made by the parents of those received and professed, pointing out that their presentations too could be made in imitation of the Mother of God who presented her Son and that they share in the glory of Mary in this presentation of their daughters.

HOLLAND

The two months interval during the summer has given our mail bag a chance to grow. There's a bit of everything from everywhere, so it seems, but topping all is the news from Holland. The first direct communication from Sister M. Eleanore, Superior of the Dutch House, was received in June. Sister sent an account of the main events during the four long years when the sisters were cut off from communication with the Motherhouse.

Providence took good care of all our sisters during the war. The greatest misfortune came when the house was hit by incendiary bombs in July, 1943. About one-third of the house was burned and the rest was severely damaged by water. Beds, bed clothes, goods and many other things were burned. The house was no longer habitable, but the sisters were able to find a temporary home in the town, in a parish hall. The house is now sufficiently repaired and the sisters have returned. Scarcity of materials has forced them to stop repairs at the second story, so that the roof is still only a temporary one.

The sisters have been doing medical relief work, covering the central part of the province where the house is located. Two teams are engaged in midwifery and clinical work and at the time Sister Eleanore wrote a third was to carry out a similar program of medical relief in the north of Holland.

INDIA

RAWALPINDI

S-t-r-e-t-c-h-i-n-g the hospital as much as possible with the addition of a room here and there seems to be the only way to make enough space for the patients, until the day when we can **really build** a new hospital! Sister Nicola writes that a new laundry has been built and parts of the verandah have been closed in to make rooms for patients. But she adds, "We needed the rooms so badly that as soon as the mistry (carpenter) stepped out, Sister Damian was already putting patients in them!"

Sister Nicola is in charge of the general household management in Rawalpindi, so food and rationing is one of her chief concerns. She writes: "We are very fortunate here in having everything we need at least in the way of goods. The large shops are again receiving shipments of cheese, jam, bacon, etc. from Australia. Fresh vegetables and meats are also available. Eggs are controlled, so they are difficult to get, but the supply officer has kindly arranged for us to have a daily quota at control rate, so we are faring not too badly."

Nurses Graduate

Also from Rawalpindi Sister Stephanie tells us: "Six of the Malabar nurses have taken the midwifery examinations in Lahore. From there they went directly to their homes in South India. Now only four more Malabar nurses are left, all seniors and good students. At first they seemed lost when the crowd had gone. We do miss the six, especially in the hospital and more than ever on night duty."

DACCA

During her holiday Sister Margaret Mary visited Toomiliah, where the Associates of Mary, Queen of the Apostles, a native community founded by the Holy Cross Sisters in Bengal, conduct a dispensary and maternity and child welfare center. She describes the work of these sisters, all of whom received their training at Holy Family Hospital in Rawalpindi.

"Their work," she writes, "is a practical lesson illustrating the possibility and utility of religious, especially the Indian Sisters, doing professional medical work. These sisters have three Maternity and Child Welfare Centers, of which the oldest already has a record of more than six hundred deliveries with only two maternal deaths.

"Activities of the centers include the training of dhais, teaching sewing, hygiene, infant care, making home visits and teaching home nursing in the schools. There is also a milk-distributing center which the sisters conduct for the Government. The nurse-midwives attend English classes regularly and are members of the Trained Nurses' Association of India.

"The work of these Indian Sisters is admired by all," Sister Margaret Mary continues, "and great credit must be given them personally, for they leave no stone unturned to give their very best. Being the first true alumnae of Holy Family Hospital, these sisters, along with the Mission Sisters of Ajmer, should and do constitute the first fruits of an all-Catholic Hospital Training School."

MARY GIRI

New Novices

On July 26th six more young women from Malabar, graduates of Holy Family Hospital Training School, received the religious habit and began their novitiate. By coincidence, five of them have the name of Anna (Annayamma in Malayalam) so Bishop Kalacherry appointed the feast of St. Ann as the appropriate day for their reception.

Well, Well!

Sister M. Pauline has had much to learn since her arrival in South India. But very optimistically she writes: "My education is progressing! The other day, I learned more about wells. Once a year the

R. I. P.

SISTER M. HILDEGARDE, S.C.M.M.

Death visited our Society for the second time since its foundation twenty years ago when Sister M. Hildegarde Dobler, S.C.M.M. died after a long illness on June 17th.

Sister Hildegarde was born in Appenzell, Switzerland, and after completing her studies at the Gymnazium, trained as a child's nurse. She was a graduate of the School of Children's Nursing, Hergiswil, Switzerland. She entered the Society in Osterley, London, England in 1938 and came to this country in December of that same year. She made her vows in March, 1942.

Most of Sister Hildegarde's years in the Society were marked by the illness that later caused her death. For all who knew her, Sister is a symbol of joy and unfailing cheerfulness—even of gaiety—in pain and suffering. While her death brings its accompanying sorrow, yet it is lightened by the realization that she has entered into that life of everlasting joy, where pain and suffering are no longer.

Sister Hildegarde is survived by two brothers and two sisters residing in Switzerland.

May her soul and the souls of all the faithful departed through the mercy of God, rest in peace. Amen.

wells have to be cleaned out, usually when the water is low. Three men came and drew all the water out. Then one was let down by a rope and scraped all the mud, sending it to the top in buckets. That finished, water was sent down and the bottom was washed. This particular well is sixty-five feet deep. We have another about the same depth and a third which is only forty feet. In two days the well was full and we had sufficient water again."

Fruits and Nuts

Though there are no apples to peel or blackberries to pick in Mary Giri, there are plenty of other fruits to keep the novices busy. There is jackfruit, for instance.

"This fruit is the size of a large watermelon," Sister Pauline writes, "and the inside is full of hundreds of seeds about the size of a chestnut. When the jacks are ripe the seeds have to be taken out at once, cut into pieces and fried in hot cocoanut oil. Then they are salted and stored in tins. Instead of being fried the seeds can also be boiled and dried. They are often used in curry.

"The cashew nut is also most useful. It grows at the end of a bell-shaped fruit the color of an apple. There is a story that Mohammed told Allah he wanted to create something. Allah gave his permission and Mohammed made the cashew nut tree. But he forgot about the seed, so Allah told him to put the nut on the outside.

"Boys are very fond of this fruit. It is supposed to be full of vitamins, but is cutting to the throat to eat. From the ripe fruit we make a syrup which is used in water as a drink. The green nuts are cooked in curry and the ripe ones are stored for future use and eaten plain as we know the cashew nut."

PATNA

The news from Patna tells of several Americans, army chaplains and soldiers, who have visited Holy Family Hospital. It is marked, the sisters write, as one of the "sights" of the city. Quaker units working nearby have also proved to be very good friends of the hospital. Sister M. Laetitia writes:

"We have some wonderful friends in the Quakers. They are distributing free medicines and have given us thousands of tablets and hundreds of pounds of dried milk. It is nice for the babies as it can easily be made up fresh any time. Our poor babies are much better off this year. Since we have the new building, we have the newborns and very small ones in the old operating room which is very well screened. The others are upstairs, where the beds are surrounded by frames of mosquito netting. A colonel was here the other day and promised us some DDT. If it only comes! This is the fly season!"

Professed sisters, novices and postulants—at the Motherhouse, August 15, 1945

In recent years our country has had to play its part in destructive modern warfare. With the dawn of peace we must mobilize all our forces, all our power of organization for the spread of fraternal charity. There will be no peace without the spirit of Christ. How are the peoples of the world to know and to appreciate the spirit of Christ, unless it is taught to them and presented to them in living example. That is the work of the foreign missions.

—Archbishop Cushing.